

## 2013 CONTINUUM OF CARE PROGRAM TRANSITIONAL HOUSING APPLICATION FOR THE 2014-2015 PROGRAM YEAR

SAN LUIS OBISPO COUNTY DEPARTMENT OF PLANNING AND BUILDING

976 OSOS STREET • ROOM 200 • SAN LUIS OBISPO • CALIFORNIA 93408 • (805) 781-5600

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### TRANSITIONAL HOUSING GRANT APPLICATION

Applications can be mailed to Morgan Torell, Planner III, Department of Planning and Building, 976 Osos Street, Room 300, San Luis Obispo, CA, 93408 or hand delivered to Morgan Torell at 1035 Palm Street, Room 370, San Luis Obispo, CA, faxed to (805) 781-5624, or e-mailed at [mtorell@co.slo.ca.us](mailto:mtorell@co.slo.ca.us). **The application deadline is 4:00 P.M., Friday, December 20, 2013.** Applications must be received by the County prior to close of the business day. **POSTMARKED DATED MAIL RECEIVED AFTER THE DEADLINE WILL NOT BE ACCEPTED.**

#### **Question 1: Type**

Type of Application: Renewal Project Application (only eligible type in 2013)

Project Name:

#### **Question 2: Subrecipient**

Subrecipient Name:

Subrecipient Address:

Subrecipient Contact Person:

Subrecipient Phone Number:

#### **Question 3: Project Detail/Description**

3a. Project Description that addresses the entire scope of the project including a) a clear picture of the target population(s) to be served, b) the plan for addressing the identified needs/issues of the CoC target population(s), c) projected outcome(s), d) coordination with other source(s)/partner(s), and e) maximum length of assistance. The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.:

3b. How will your organization engage homeless who routinely sleep on the streets or other places for human habitation (i.e. attending a monthly committee with partner agencies to plan outreach and discuss clients, and/or partnering with the police or a soup kitchen to identify homeless)?



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3c. How does your organization partner/collaborate with HUD-VASH programs and the local PHA to combat homelessness?

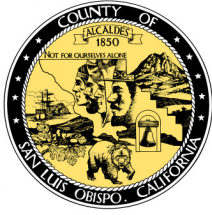
3d. How is your organization preparing for implementation of the Affordable Care Act (ACA) (i.e. set up an assessment appointment between a navigator and a program participant)?

3e. Please identify ways that your agency is identifying alternative sources for supportive services.

3f. Please describe how your agency is coordinating with other Federal, State, local, private and other entities serving the homeless in planning and operating the project.

3g. Does your project follow a Housing First Model (y/n)? Please describe:

3h. How does your agency affirmatively further fair housing as detailed in 24 CFR 578.93(c), which states that 1) agencies must affirmatively market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or handicap who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities, 2) where your agency encounters a condition or action that impedes fair housing choice for current or prospective program participants, information is provided to the jurisdiction that provided the certificate of the consistency with the Consolidated Plan (in SLO County, these are referred to California Rural Legal Assistance), and 3) Provide program participants with information on rights and remedies available under applicable federal, State and local fair housing and civil rights laws.



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### **Question 4: Supportive Services for Participants**

4a. Are the proposed project policies and practices consistent with subtitle B of title VII of the Act (42 U.S.C. 11432 et. seq.), which requires homeless assistance providers to ensure all children are enrolled in early childhood programs or in school and connected to appropriate services in the community (y/n)? \_\_\_\_

4b. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate (y/n)? \_\_\_\_

4c. How does your agency collaborate with local school districts and early childhood education providers to identify homeless households with children to ensure they understand their eligibility for educational services?

4d. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

<b>Supportive Services</b>	<b>Provider</b> (Subrecipient or Partner)	<b>Access</b> (On-site, short walk, bus/rail, program van, vehicle share, dial-a-ride, or public transportation)	<b>Frequency</b> (Daily, Weekly, Bi- Weekly, Bi-Monthly, Monthly, Quarterly, Semi- Annually, Annually)
Assessment of Service Needs			
Assistance with Moving Costs			
Case Management			
Child Care			
Education Services			
Employment Assistance and Job Training			
Food			
Housing Search and Counseling Services			
Legal Services			
Life Skills Training			
Mental Health Services			
Outpatient Health Services			
Outreach Services			
Substance Abuse Treatment Services			
Transportation			
Utility Deposits			

4e. How accessible are most community amenities (Schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities) to project participants?  
 \_\_\_\_\_ Very Accessible \_\_\_\_\_ Somewhat Accessible \_\_\_\_\_ Not Accessible



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- 4f. Total Units:  
Total Beds:

### **Question 5: Project Participants**

5a. List the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children.

To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Disabled Adults over age 24				
Non-disabled Adults over age 24				
Disabled Adults ages 18-24				
Non-disabled Adults ages 18-24				
Accompanied Disabled Children under age 18				
Accompanied Non-disabled Children under age 18				
Unaccompanied Disabled Children under age 18				
Unaccompanied Non-disabled Children under age 18				
<b>Total Number of Adults over age 24</b>				
<b>Total Number of Adults ages 18-24</b>				
<b>Total Number of Children under age 18</b>				
<b>Total Persons</b>				



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### 5b. Subpopulations

#### Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Disabled Adults over age 24										
Non-disabled Adults over age 24										
Disabled Adults ages 18-24										
Non-disabled Adults ages 18-24										
Disabled Children under age 18										
Non-disabled Children under age 18										
<b>Total Persons</b>										

#### Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Disabled Adults over age 24										
Non-disabled Adults over age 24										
Disabled Adults ages 18-24										
Non-disabled Adults ages 18-24										
<b>Total Persons</b>										



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### Persons in Households with Only Children

Characteristics	Chronic ally Homeless Non- Veterans	Chronic ally Homeless Veterans	Non- Chronic ally Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Develop mental Disability	Persons not represent ed by listed subpopu lations
Accompanied Disabled Children under age 18										
Accompanied Non-disabled Children under age 18										
Unaccompanied Disabled Children under age 18										
Unaccompanied Non-disabled Children under age 18										
<b>Total Persons</b>										

### Question 6: Outreach to Participants

Enter the percentage of project participants that will be coming from each of the following locations:

	Directly from the street or other locations not meant for human habitation.
	Directly from emergency shelters.
	Directly from safe havens.
	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
	Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (TH and SSO projects only)
	Persons fleeing domestic violence.
	<b>Total of above percentages</b>



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### **Question 7: Funding Request**

#### **7a. Summary of Match**

<b>Total Value of Cash Commitments:</b>	
<b>Total Value of In-Kind Commitments:</b>	
<b>Total Value of All Commitments:</b>	

Match Detail:

- Type of Commitment:
- Name the Source of the Commitment:
- Type of Source:
- Date of Written Commitment:
- Value of Written Commitment:

Match Detail:

- Type of Commitment:
- Name the Source of the Commitment:
- Type of Source:
- Date of Written Commitment:
- Value of Written Commitment:

Match Detail:

- Type of Commitment:
- Name the Source of the Commitment:
- Type of Source:
- Date of Written Commitment:
- Value of Written Commitment:

#### **7b. Summary of Leverage** (excludes match, includes any funds leveraged other than match)

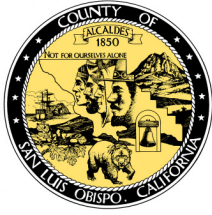
<b>Total Value of Cash Commitments:</b>	
<b>Total Value of In-Kind Commitments:</b>	
<b>Total Value of All Commitments:</b>	

Leverage Detail:

- Type of Commitment:
- Name the Source of the Commitment:
- Type of Source:
- Date of Written Commitment:
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### 7c. Leased Units Budget

Size of Units	# of Units	FMR	HUD Paid Rent		12 Months	Total Request
SRO		814		x		
1 bedroom		941		x		
2 bedroom		1215		x		
3 bedroom		1790		x		
4 bedroom		1867		x		
5 bedroom		2147		x		
6 bedroom		2427		x		
<b>Total Units and Annual Assistance Requested</b>						

<b>Total Annual Leasing Assistance Requested</b>	
<b>Total # of Units</b>	

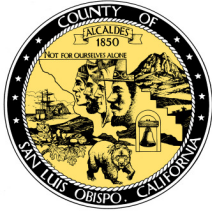
### 7d. Leased Structures Budget

Structure Name	Address of Structure	HUD Paid Rent		12 Months	Total Request
			x		
			x		
			x		
			x		
<b>Total Units and Annual Assistance Requested</b>					

### 7e. Supportive Services Budget

Eligible Costs	Quantity Description	Annual Assistance Request
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		





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14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
<b>Total Annual Assistance Requested</b>		

### 7f. Operating Budget

Eligible Costs	Quantity Description	Annual Assistance Requested
1. Maintenance/Repair		
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water		
6. Furniture		
7. Equipment (lease, buy)		
<b>Total Annual Assistance Requested</b>		

### 7g. Summary Budget

Eligible Costs	Assistance Requested
1a. Leased Units	
1b. Leased Structures	
2. Supportive Services	
3. Operating	
4. HMIS	
<i>Subtotal</i>	
5. Admin (up to 7%)	
<i>Total Assistance plus Admin Requested</i>	
6. Cash Match	
7. In-Kind Match	
8. Total Budget	

### Question 8: Performance Measures

#### 8a. Housing Measure

Housing Measure	Target #	Universe #	Target %
Persons exiting to permanent housing (subsidized or unsubsidized) during the operating year.			

#### 8b. Income Measure

Income Measure	Target #	Universe #	Target %
Persons age 18 and older who increased their total income (from all sources) as of the end of the operating year or program exit.			
b. Persons age 18 through 61 who increased their earned income as of the end of the operating year or program exit.			



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Signature by authorized official:

*I have read the 2013 Notice of Funding Availability (NOFA) for the Continuum of Care Program Competition and the Continuum of Care Interim Regulations.*

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Name (printed)

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Signature

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Date